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Hartford, CT 06	103	APR 16	2009		· · · · · · · · · · · · · · · · · · ·	(Depositor's name)	
		1		(Signature) (Date)			
APPLICATION NO.	FILING DATE	TOTAL	FIRST NAMED INVENTOR	AT	TORNEY DOCKET NO.	CONFIRMATION NO.	
10/723,403	10/723,403 11/26/2003		Jeffrey B. Lotspiech		ARC920030090US1 7944		
TITLE OF INVENTION: SYSTEM, METHOD, AND SERVICE FOR DELIVERING ENHANCED MULTIMEDIA CONTENT ON PHYSICAL MEDIA							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FE		DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0 94/17/260	\$1810 SNOHAMM1 00000012	090441 04/23/2009 10/23403	
EXAMINER		ART UNIT	CLASS-SUBCLASS	01 FC:1501 1510.00 DA			
WANG, HARRIS C		2439 n of "Fee Address" (37	380-239000	02 FC:150	4 300.00 DA		
CFR 1.363).  Change of correspondence address (or Change of Correspond Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Cust Number is required.			or agents OR, alternati  (2) the name of a single registered attorney or 2 registered patent attorney.	names of up to 3 registered patent attorneys is OR, alternatively, name of a single firm (having as a member a ed attorney or agent) and the names of up to exed patent attorneys or agents. If no name is on name will be printed.  CANTOR COLBURN LLP  Leonard Guzman			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  International Business Machines Corporation  Armonk, New York							
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) are submitted:  Issue Fee  A check is enclosed.  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies  Advance Order - # of Copies  Advance Order - # of Copies  Description:  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 09-0441 (enclose an extra copy of this form).							
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Authorized Signature	fecords of the United St	ates Patent and Trademark	c Office.	Date Feb	ruary 13, 2009		
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